

Case Number:	CM14-0121250		
Date Assigned:	08/06/2014	Date of Injury:	09/24/2012
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/31/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47-year-old female sustained an industrial injury on 9/24/12. Records documented a complicated history. The patient sustained a patellar ligament rupture that was repaired on 10/17/12. She had a wound breakdown that required an incision and debridement of a large portion of the ruptured tendon on 10/31/12. After several surgeries, the skin healed but there was an incompetent extensor mechanism due to lack of the patellar ligament. Subsequently, the patient underwent an allograft patellar ligament replacement or reconstruction using Achilles tendon allograft on 1/30/13. The patient healed well with full and active extension and flexion to 130 degrees with good quadriceps strength. The 12/4/13 right knee MRI revealed prior patellar tendon repair and tricompartmental arthrosis, most pronounced at the patellofemoral compartment with areas of high-grade to full thickness cartilage loss. Imaging indicated 4 mm joint intervals medially, medial compartment osteophytes, and evidence of osteoarthritis in the lateral and patellofemoral compartments as well. The 6/27/14 treating physician report cited continued severe right knee pain and crunching. Pain had increased and the knee was giving out more often. She had worsening knee arthrosis. The treating physician opined that both cortisone and viscosupplementation injections would be dangerous given the presence of an allograft, her prior history of infection, and the risk of introducing further infection with a needle. The patient was unhappy and wanted to do something about her condition. He indicated the need for diagnostic arthroscopy and debridement. The 7/15/14 utilization review denied the request for right knee surgery and post-operative physical therapy as there was imaging evidence of extensive osteoarthritis that would not be expected to respond to the requested surgery.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Outpatient Arthroscopy right knee, debridement removal of loose bodies and chondroplasties: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg Chapter, Diagnostic arthroscopy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Chondroplasty, Loose body removal surgery (arthroscopy).

Decision rationale: The California MTUS state that surgical consideration may be indicated for patients who have activity limitations for more than one month and failure of exercise programs to increase range of motion and strength of the musculature around the knee. The Official Disability Guidelines criteria for chondroplasty include evidence of conservative care (medication or physical therapy), plus joint pain and swelling, plus effusion or crepitus or limited range of motion, plus a chondral defect on MRI. Chondroplasty is not recommended as a primary treatment for osteoarthritis, since arthroscopic surgery for knee osteoarthritis offers no added benefit to optimized physical therapy and medical treatment. Loose body removal surgery is recommended where symptoms are noted consistent with a loose body, after failure of conservative treatment. Guideline criteria have not been met. Records indicate that the patient was released from care in February 2014 with worsened pain noted in May 2014. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There is no imaging or radiographic evidence of loose bodies. Guidelines do not support the use of chondroplasty as a primary treatment for osteoarthritis. Therefore, this request for outpatient arthroscopy right knee, debridement removal of loose bodies and chondroplasties is not medically necessary.

Post-operative physical therapy 3 x week x 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.